

1. DATE ISSUED MM/DD/YYYY 06/06/2018	2. CFDA NO. 93.800	3. ASSISTANCE TYPE Cooperative Agreement
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2920 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
Public Health Service Act, as amended, Section 301(a) and Section 317K,
42 U.S.C. 241(a); 42 U.S.C. 247b-12

1a. SUPERSEDES AWARD NOTICE dated

except that any additions or restrictions previously imposed remain
in effect unless specifically rescinded

4. GRANT NO.

5 NU58DP006100-04-00
Formerly

5. ACTION TYPE

Non-Competing
Continuation

6. PROJECT PERIOD

MM/DD/YYYY

From 06/30/2015

MM/DD/YYYY

Through 06/29/2020

7. BUDGET PERIOD

MM/DD/YYYY

From 06/30/2018

MM/DD/YYYY

Through 06/29/2019

8. TITLE OF PROJECT (OR PROGRAM)

Organized Approaches to Increase Colorectal Cancer Screening in Kentucky

9a. GRANTEE NAME AND ADDRESS

Health & Family Services, Kentucky Cabinet for
275 E Main St # 5wa
Frankfort, KY 40601-2321

9b. GRANTEE PROJECT DIRECTOR

Mr. Brian Boisseau 783531
275 E Main St, HS2W-E
PQI/KDPH
Frankfort, KY 40621-1000
Phone: 504-564-7996

10a. GRANTEE AUTHORIZING OFFICIAL

Dr. Connie Gayle White M.D.
275 E. Main Street
Office of Health Equity
Frankfort, KY 40621-0001
Phone: 502-564-3970

10b. FEDERAL PROJECT OFFICER

Jennifer Boehm
4770 Buford Highway
Chamblee, GA 30341
Phone: 770-488-4806

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only

☒

II Total project costs including grant funds and all other financial participation

a. Salaries and Wages	113,000.00
b. Fringe Benefits	123,879.00
c. Total Personnel Costs	236,879.00
d. Equipment	0.00
e. Supplies	7,450.00
f. Travel	9,321.00
g. Construction	0.00
h. Other	0.00
i. Contractual	344,637.00
j. TOTAL DIRECT COSTS →	598,287.00
k. INDIRECT COSTS	39,550.00
l. TOTAL APPROVED BUDGET	637,837.00
m. Federal Share	637,837.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	637,837.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	637,837.00
13. Total Federal Funds Awarded to Date for Project Period	2,026,121.00

14. RECOMMENDED FUTURE SUPPORT

(Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 5	637,837.00	d. 8	
b. 6		e. 9	
c. 7		f. 10	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

- a. DEDUCTION
- b. ADDITIONAL COSTS
- c. MATCHING
- d. OTHER RESEARCH (Add / Deduct Option)
- e. OTHER (See REMARKS)

☒ b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- a. The grant program legislation
- b. The grant program regulations
- c. This award notice including terms and conditions, if any, noted below under REMARKS.
- d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -

☒ Yes☐ No

GRANTS MANAGEMENT OFFICIAL: Merlin Williams

17. OBJ CLASS 41.51		18a. VENDOR CODE 1610600439B5		18b. EIN 610600439		19. DUNS 927049767		20. CONG. DIST. 06			
FY-ACCOUNT NO.		DOCUMENT NO.		CFDA		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a. 8-939ZRPB		b. 15DP006100		c. 93.800		d. DP		e. \$637,837.00		f. 75-18-0948	
22. a.		b.		c.		d.		e.		f.	
23. a.		b.		c.		d.		e.		f.	

NOTICE OF AWARD (Continuation Sheet)

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Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
06/30/2015	06/29/2016	Annual	09/27/2016
06/30/2016	06/29/2017	Annual	09/27/2017
06/30/2017	06/29/2018	Annual	09/27/2018
06/30/2018	06/29/2019	Annual	09/27/2019

AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for

5 NU58DP006100-04-00

1. 6100 Terms and Conditions
2. 6100 Technical Review

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **DP15-1502**, entitled **Organized Approaches to Increase Colorectal Cancer Screening**, and application dated **February 28, 2018**, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of **\$637,837** is approved for the Year **04** budget period, which is **June 30, 2018** through **June 29, 2019**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

Component 1: \$637,837

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

CDC activities for this NOFO are as follows:

- Collaborate to ensure coordination and implementation of strategies to increase and improve the quality of CRC screening.
- Provide guidance and coordination to awardees to improve the quality and effectiveness of work plans, monitoring and evaluation plans, products and services, and collaborative activities with other organizations.
- Collaborate to compile and publish accomplishments, performance criteria, and lessons learned during the project period.
- Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes.
- Convene an in-person or teleconference meeting of all new grantees at program initiation.
- Provide priority population estimates for geographic units that are available. Estimates are currently available at the state level. Provide program policies and guidelines.
- Interpret current scientific literature and national colorectal cancer screening guidelines.
- Develop regular data monitoring feed-back reports based on clinical data submissions to support data use for quality assurance, program improvement, and program evaluation.

- Support data linkage with the awardee's state, territorial, or tribal cancer registry data.
- Conduct site visits as needed.
- Participate in national-level colorectal cancer efforts and convey relevant public health practice recommendations and opportunities.
- Disseminate information, including evaluation results, about awardees' program efforts to the public and public health audiences. When appropriate, evaluation findings will be described for individual awardees by name.

Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, **July 30, 2018**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

Indirect Costs:

Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated September 30, 2014.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMS/GMO no later than 90 days after the end of the budget period. To submit the FFR, login to www.grantsolutions.gov, select "Reports" from the menu bar and then click on Federal Financial Reports.

The FFR for this budget period is due by **September 30, 2019**. Reporting timeframe is **June 30, 2018** through **June 29, 2019**. The FFR is cumulative and should only include those funds authorized and disbursed during the timeframe covered by the report.

Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132 "Performance Progress and Monitoring Report", Expiration Date 8/31/2019**

Required Disclosures for Federal Awardee Performance and Integrity Information System

(FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
LaKasa Wyatt, Grants Management Officer/Specialist
Centers for Disease Control and Prevention
Centers for Disease Control and Prevention
Chronic and Birth Defects Branch
2920 Brandywine Road, Mailstop E-09
Atlanta, GA 30314
(Include "Mandatory Grant Disclosures" in subject line)
Email: lgw5@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated

integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

LaKasa Wyatt, Grants Management Specialist
Centers for Disease Control and Prevention
Chronic and Birth Defects Branch
2920 Brandywine Road, Mailstop E-09
Atlanta, GA 30314
Telephone: 770 488-2728
Email: lgw5@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:

Jennifer Boehm, Project Officer
Centers for Disease Control and Prevention
Chronic and Birth Defects Branch
2920 Brandywine Road, Mailstop E-09
Atlanta, GA 30314
Telephone: 770 488-4806
Email: fyh9@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Pamela Render, Grants Management Officer
Centers for Disease Control and Prevention
Chronic and Birth Defects Branch
2920 Brandywine Road, Mailstop E-09
Atlanta, GA 30314
Telephone: 770 488-2712
Email: plr3@cdc.gov

**FY 2018 – Funding Opportunity Announcement DP15-1502
Organized Approaches to Increase Colorectal Cancer Screening
Annual Performance Report
Technical Review Form**

Grantee's Name and Grant #: Kentucky NU58DP006100

Technical Reviewer's Name: Jennifer E. Boehm

Electronic Signature:

Date: 3/12/2018

After a complete review of the DP15-1502 Year 04 APR and discussion with the Grantee regarding the Year 04 APR/Technical Review, the Grantee is to submit the following (check all that apply):

- **Response to Technical Review**

- ☒ The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
- ☐ **NO** response to Technical Review is needed.

- **Revised Budget and Workplan**

- ☐ Revised Budget and Workplan is needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and workplan should be reflective of the amount of the actual Notice of Award (NGA).
- ☒ Revised Budget and Workplan is **NOT** needed.

- **Revised Workplan**

- ☐ Revised Workplan is needed due to -- provide reason(s):
- ☐ Revised Workplan is **NOT** needed.

- **Revised Budget**

- ☐ Revised Budget is needed due to -- provide reason(s):
- ☐ Revised Budget is **NOT** needed.

Research Determination – DP15-1502 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address:
<http://www.cdc.gov/od/ads/opspoll1.htm>

- ☒ No research activities have been proposed
- ☐ Research activities have been proposed, but were disapproved/disallowed

Summary of Major Strengths (Please use bullets):

- The grantee puts a strong focus on brokering partnerships with health systems that serve their specific priority populations; African Americans in Louisville, and residents in rural Appalachian communities. They currently partner with four FQHCs in Appalachia and one new FQHC partner in Louisville, with discussions to partner with an additional Louisville hospital health system.
- During the first half of YR 3, the grantee has signed MOUs with two new health systems partners, and completed an implementation plan with one of them. They credit the use of their newly developed partner recruitment packet, which includes an overview of the project and roles and responsibilities for each partner. The CDC program consultant has shared these materials with other grantees to adapt for use.
- The grantee includes valuable information on challenges they experience while implementing this program and the creative ways in which they work with partners to overcome these challenges. For example, they describe how critical subject matter partners (ACS, etc.) are working to connect uninsured patients within partner health systems in need of colonoscopies to free procedures offered by specialists on weekends. They describe a team effort among all partners for promoting and providing CRC screening across the state and this program is just one piece.

Summary of Major Weaknesses (Please use bullets):

- The grantee reported \$154,041 in unobligated funds after concluding YR 2. This is a significant decrease from YR 1 unobligated, but spending down funds continues to be a challenge.

Recommendations:

- The grantee should continue to closely monitor their spending, request funds they can reasonably spend during the program year, and request unobligated funds as early as possible to support activities.

Reviewer Comments**Progress towards Objectives:**

- The grantee's progress report is clear and thorough, providing helpful broader overviews of progress and activities, and then moving into progress and challenges for each work plan objective.
- The grantee continues to be unable to fill a vacant health systems coordinator position due to bureaucratic and administrative hurdles.
- The grantee added two new health systems during the first half of YR 3, making their total number of health systems five. The planning phase with the first partner is complete and the grantee continues to move forward with developing planning materials with the second partner. They have used lessons learned from processes used during the first two years the program to improve the way planning is currently implemented.
- The grantee completed an objective to work with commercial and Medicaid plans to obtain claims data for CRC screening to develop a summary report including aggregate

data across plans.

- The grantee describes conducting monthly calls with each health systems partner to review progress on meeting objectives in the implementation plan, discuss challenges and determine how to find solutions, and review data to look at incremental outcomes.

Proposed Objectives:

- The grantee proposes SMART objectives that align exactly with program scope and goals. Their activities include continuous review and program improvement.
- The grantee has budgeted for two additional health systems partners to be determined in YR 4, but the work plan only seems to include an objective for adding one new hospital system partner. The budget might be accounting for unexpected partnerships for YR 4.
- The grantee, in response to their health systems partner's requests, will coordinate a learning collaborative for their participating partners to share best practices, discuss challenges, and brainstorm ways CRC screening increases can be sustained over time.
- The grantee plans to provide direct funding to each health systems partner to support staff time dedicated to implement EBIs and other program activities.
- The grantee plans to provide training and support FQHCs as they improve infrastructure for patient navigation.

Other Relevant Comments:

Itemized Budget:

- The grantee requests \$637,837 to support YR 4 activities.
- The total request for personnel is \$113,000, but the fringe requested is \$123,879. This is due to a new state requirement that grants charge 84.6% for retirement.
- The grantee has budgeted \$23,097 for each of their health systems partners to directly support personnel time to implement the program. They also budgeted 2 TBD clinics for YR 4 to account for program expansion.
- The grantee has had a low spend rate over the first two years of the grant period. Their YR 1 spend rate was 43% and YR 2 spend rate was 71%.